PTC/S8/17 (10-97)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
				Application Nur	10/569,949-Cd	949-Conf. #3122			
FEE TRANSMITTAL				Filing Date	,	January 8, 2007			
For FY 2008			First Named Im	ventor :	Takeshi IMANISHI				
FOIFI &VVO			Examiner Name		P. T. Lewis				
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 16		623				
TOTAL AMOUNT OF PAYMENT (\$) 405.00				Attorney Docket No. 4367-0112PUS1					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Disposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of X Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION							***************************************		
1. BASIC FILING, SEARCH			S				******************	***************************************	
	FILIN	G FEES	SEA	ARCH FEES	EXAMIN	IATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees !	Paid (\$)	
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65		***************************************	
Plant	210	105	310	155	160	80			
Reissuc	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEES					-			Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (includi							50	25	
Each independent claim over 3 (including Reissues)							230	105	
Multiple dependent claims							370	1.85	
Total Claims Extra Claims Fee (\$) Fee P				aid (\$)	<u> 188</u> 2	iftiple Depende	nt Claims		
HP = highest number of total clain	ns paid for if or	reater than 20.		***************************************	Fee	) (\$) F	ee Paid (\$	1	
Indep. Claims Extra C		ee (\$)	Fee P	aid (\$)				***	
. 4	х	=	***********						
HP = highest number of independ	em claims paid	for, if greater than	3.						
3. APPLICATION SIZE FEE		* * * * * * * * * * * * * * * * * * * *							
If the specification and dra- listings under 37 CFR 1 sheets or fraction thereo	.52(e)), the	application size	fee du	: is \$260 (\$130 f	onically file or small en	ed sequence or o tity) for each ad	computer Iditional 50	):	
Total Sheets Ex	ira Sheets	Number of	each ac	iditional 50 or frac		***************************************	Foo F	Paid (\$)	
4. OTHER FEE(S)				(round up to a who	e manhacti		Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 405.00									
SUBMITTED BY	<del></del>	<u> </u>		Caninhatia - No.		7			
orthogram 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1			Registration No. (Attorney/Agent)	28,977	Telephone	(703) 205-8000			
Name (Print/Type) Gerald M	Murphy J					Date	April 23,	2008	
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